

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13
Supersedes: 01/01/11

Protocol: P-003

ABDOMINAL DISCOMFORT

SUBJECTIVE FINDINGS

Assess discomfort by using "O-P-Q-R-S-T" mnemonic:

O=onset

P=provoked

Q=quality

R=radiation

S=severity

T=time

Plus location (RUQ, LUQ, LLQ, RLQ) and factors that increase or decrease pain severity.

- **Associated Symptoms:** "indigestion", fever or chills, nausea, vomiting, diarrhea, diaphoresis, dizziness.
- **Gastro-Intestinal:** Time and description of last meal, description of vomit if any, time of last bowel movement and description of feces (color, consistency, unusual odor, presence of blood, etc.).
- **Urination:** Difficulty, pain, burning, frequency and description (color, consistency, unusual odor, presence of blood, etc.).
- **Gynecological:** Last menstrual period, vaginal bleeding or discharge, sexual activity or trauma, and possibility of pregnancy.
- **Medical History:** Surgery, related diagnoses (e.g., infection, PID, hepatitis, gallstones, kidney stones, etc.) medications (OTC and prescribed) and other self-administered remedies (baking soda, Epsom salts, enemas, etc.).

OBJECTIVE FINDINGS

- General Appearance: Level of distress, skin color, diaphoresis.
- Abdominal tenderness: Guarding, rigidity, distention.
- Quality and symmetry of femoral pulses.
- Cardiac rhythm if indicated.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Position of comfort.• NPO.• Consider orthostatic vital signs.	<ul style="list-style-type: none">• Establish IV of NS.• If hypotensive (SBP < 90 and signs of poor perfusion) fluid challenge with 500 ml IV NS. Reassess and repeat if indicated.• Consider Morphine Sulfate 4 mg slow IVP for patients with a history of recurring abdominal problems, such as kidney stones. May repeat as indicated if SBP >90mmHg, to total dose of 20 mg.• Consider Ondansetron ODT 8 mg dissolved on the tongue or Ondansetron 4 mg IV/IM for nausea/vomiting. May be repeated q 20" to a

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	maximum dose of 12 mg.
BASE HOSPITAL CONTACT CRITERIA	
Morphine sulfate for abdominal pain of unknown etiology or to request additional Morphine sulfate greater than 20 mg.	

DOCUMENTATION

- Abdominal physical exam.
- IV of NS and fluid challenge if SBP < 90 mmHg w/signs of poor perfusion.
- Pain scale before and after **Morphine sulfate** administration.

PRECAUTIONS AND COMMENTS

- Initiate early transport if primary or secondary survey indicates signs of shock.
- Upper abdominal pain or “indigestion” may reflect cardiac origin.
- Contact the Base Hospital if there are any questions as to the patient’s hemodynamic status when administering **Morphine sulfate**.